U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For	Officiat dise Chly
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E O'MS O'S			
1. File Number U - 1/1445	2. Fiscal Year Covered From:		
3	7)/1/04 Through: [2/3]/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name David L. Polite	Name UFCW LOCAL 655		
	Labor Organization File Number 0/5/64/		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 18720 Petite Lane	Street 300 Weidman Rd		
city Hillsboro	city Ballwin		
State MUSSOUNI ZIP Code + 4 63050	State M. 550UC; ZIP Code + 4 6304		
5. Position in labor organization. Assistant to the	Aesident		
	usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.     Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	ion represents or is actively seeking to represent.		
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		

Date

Telephone Number

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	s			
8. Name and address of Business (including trade name, if any).  Name Morgan Stanley  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 440 LaSa/la Street  City Chicago  State JLLinois ZIP Code +4 4.06.05	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ition			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name UFCW LOCAL 655 PEWS(ON FUND) Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Dinner for all trustees + alternates				
Street 300 Weidner Road	11.b. Approximate dollar valu	ue of such dealing.	0.80		
City Ballwa   ZIP Code + 4 63011	12.a. Nature of interest hel	ld or income received.			
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		1-11		
Name Romichael Lowenbaum	October 2	Cardinal Basebal	lickets		
Trade Name, if any: The Lowen bacen Partnership	Unusad				
P.O. Box, Bldg., Room No., if any  Street 222 South Central Avenue Suite 90/	2005 Ret	tail Value 138			
CIN S. J.	77	•	- Parketer		
State Missour: ZIP Code + 4 63105			and provided in the second		